



**TO BE COMPLETED FOR ALL EVACUATIONS BY RESPONDING OFFICERS AND WARDENS**

<b>Date of Evacuation:</b>			
<b>Building Name:</b>			
<b>Floor/Area:</b>			
<b>Planned Evacuation</b> <input type="checkbox"/>	<b>Unplanned Evacuation</b> <input type="checkbox"/>		
<b>Time alarm set off:</b>			
<b>Time building cleared:</b>			
<b>Exits used:</b>			
NA=not applicable	<b>YES</b>	<b>NO</b>	<b>NA</b>
Does building have an alarm?			
Did the building alarm function?			
Could the alarm signals be heard in all areas of the building?			
Did the alarm register in SOC (Insight)?			
Did all personnel evacuate the floor/building?			
Did people move to the Muster Point?			
Were any fire doors (stairwell doors) propped open?			
Did automatic fire doors, which automatically close, function properly?			
Was the elevator operational, while the alarm was sounding?			
Did the Floor Wardens report to the Building Warden?			
Did the Building Warden Report to Safety & Security?			
Did everyone wait until All Clear was given to re-enter the building?			
<b>How did people respond/react to the drill on the floor/building?</b>			
<b>What type of difficulties, if any, were encountered during the evacuation?</b>			
<b>Recommendations</b>			
<b>Completed By</b>			
<b>Signature</b>			

*Use back of this checklist to record additional information*

Once completed email signed form to Occupational Health & Safety at [ohs@stfx.ca](mailto:ohs@stfx.ca)

A large, empty rectangular box with a thin black border, intended for a signature or stamp.

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